

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO. \_\_\_\_\_ FILING DATE \_\_\_\_\_

APPLICANT(S) \_\_\_\_\_

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
5						
6						
7						
8						
9						
10	1					
11		1				
12						
13	2					
14	3					
15	1					
16		1				
17		1				
18		1				
19		1				
20		1				
21		1	1			
22	1					
23		1				
24						
25						
26						
27						
28						
29						
30	1					
31		1				
32						
33		1				
34	1					
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44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	5					
TOTAL DEP.	31	←	←	←	←	↓
TOTAL CLAIMS	36	████	████	████	████	████

	IND	DEP	IND	DEP	IND	DEP
51						
52						
53						
54						
55						
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96						
97						
98						
99						
100						
TOTAL IND.		↓				
TOTAL DEP.		←	←	←	←	↓
TOTAL CLAIMS		████	████	████	████	████